# Leaver form

If one of your employees leaves your employment for any reason, you can let us know using this form:

Should you wish to take advice on your employee leaving and their pay entitlements, please contact the Peninsula Employment Helpline (provided under your Employer’s Liability Insurance policy) on 0344 892 2480 or advice@peninsula-uk.co.uk, quoting your policy number and the code FIS033

|  |
| --- |
|  Your name:  |
|  Your PayPacket reference: |
|  |
|  Employee’s name: |
|  Last day worked: |
|  Date to be paid until: |
|  |
|  Any additional payments on termination: |
|  Pay accrued holidays? Yes / No |

Your signature .....................................................................................................................................

Date ....................................................................................................................................................

Please send this Leavers Form to Wiltshire CIL, 11 Couch Lane, Devizes, Wiltshire, SN10 1EB or by email to admindp@wiltshirecil.org.uk

PayPacket LtdVisit us at: [www.paypacket.co.uk](http://www.paypacket.co.uk/)